

Mapping Psychological Support Services for People Affected by Cancer in Scotland: Interim Project Report: Scoping Survey Results

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In partnership with
MACMILLAN
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**Macmillan
Psychological
Support
Project**

Executive Summary

The Macmillan Psychological Support Project is an 18-month project which aims to support the implementation of the Psychological Therapies and Support Framework for People Affected by Cancer (PTSF) by undertaking benchmarking of current service provision and scoping of opportunities to increase psychological support. The MPSP team established a national steering group and it was agreed a first priority was a Scotland-wide scoping survey with aims of establishing a map of current provision of psychological support across each health board area, and identify gaps and inequities in provision alongside areas of good practice. Current provision and uptake of training and supervision were also explored through the survey. This report describes the method, results and implications of this initial scoping survey which was undertaken by the project team in October 2023.

83 survey responses were submitted through Webropol and participants included a wide range of NHS and third sector partners. The results are collated into tables and themes identified from qualitative responses. While rurality and physical treatment side effects were identified as potential barriers to accessing services, many services described operating in a flexible way to address such issues. In contrast, lack of access to clinicians working at NICE (2004) levels 3 and 4 to provide direct clinical care, training or supervision appears to be a more fundamental challenge for many. (These would be clinicians providing enhanced and specialist psychological care, such as accredited counsellors or clinical psychologists).

Across Scotland it is clear that a wide range of psychological and emotional support is being offered to people affected by cancer, across the four types of practice outlined in the PTSF. However, there are undoubtedly significant gaps and inequity in provision, and in people's ability to access support. Variation was particularly evident around provision of enhanced or specialist psychological care, resulting in a lack of consistent pathways for people who have additional psychological support needs. Where pathways for psychological support are inconsistent or unclear, there is a risk that clinical staff will not feel able to confidently assess or address needs, as means of support are not clear. This increases likelihood that there will be a substantial group of patients whose needs are unmet, even where excellent support is available earlier in the pathway.

The results of this survey will inform the next steps in implementing the PTSF, including the self-assessment process, which will be led by the three Regional Psychological Support Steering Groups. Further stages for the project are liaising and working with NES to consider staff training and support needs; support on-going establishment of regional PTSF groups; and work with the Steering Group and all stakeholders to agree recommendations with short, medium and long-term goals, to maintain focus on improving psychological and emotional support for people affected by cancer in Scotland.

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1. Introduction

The Macmillan Psychological Support Project (MPSP) is a Scotland-wide 18-month project which commenced in June 2023. The project is part of the next stage of implementing the Psychological Therapies and Support Framework for People Affected by Cancer [1] (PTSF), undertaking benchmarking of current provision and scoping of opportunities to increase the provision of psychological support in line with the framework.

This report summarises the results of an initial Scotland wide scoping survey undertaken by the project team in October 2023 with the following aims:

1. To develop an initial map of current provision of the types of psychological support available across each health board area to use as a basis for the self-assessment audit to be undertaken as part of implementing the Framework
2. To identify gaps and inequities in the provision of psychological support at each level relative to the predicted need, based on published prevalence data
3. To foster engagement with partner organisations (health, social care and third sector) and awareness and shared understanding of the framework
4. To identify barriers or areas of misunderstanding which need to be addressed to facilitate the Framework self-assessment process
5. To identify areas of innovation and good practice

Improving access to psychological support and interventions for those affected by cancer is an action in the Scottish Government 2023-26 Cancer Plan [2]. This is also a key priority for Macmillan and follows work undertaken in NHS England to develop this provision of services across NHS, community and third sectors.

Since the inception of the Macmillan Psychological Support Project in June 2023, the project team have actively sought meetings and connections with a large number of stakeholders with interest or involvement in the provision of psychological support for people affected by cancer. The completion of the scoping survey has been facilitated by many of these relationships and has itself been a vehicle for building connections and relationships.

These relationships also help to facilitate the functioning of the Regional Psychological Support Steering Groups in the three Cancer Networks in Scotland: North Cancer Alliance (NCA), West of Scotland Cancer Network (WoSCAN) and the new group which is forming in the South East Scotland Cancer Network (SCAN). The regional steering groups will support and collate the self – assessment process as outlined in the Framework.

Figure 1: Image adapted from Macmillan Cancer Workforce in Scotland Report, 2019.



The Macmillan Psychological Support Project draws together a number of strands of different but complementary work streams, across both mental and physical health services. The key documents identified as relevant to this project work include

- Psychological Therapies and Support Framework for People Affected by Cancer (PTSF) (2022)
- NICE Guidance for Improving Supportive and Palliative Care for Adults with Cancer (2004)

- National Specification for the Delivery of Psychological Therapies and Interventions in Scotland (PTIS, 2023)
- The Matrix: a guide to delivering evidence based Psychological Therapies in Scotland (2015 and currently being updated)
- Scottish Government Cancer Strategy (2023)
- Scottish Government Cancer Plan (2023)
- Scottish Government Mental Health and Wellbeing Strategy (2023)

A more detailed discussion of policy drivers is included in Appendix A along with hyperlinks to documents. While the NICE document was published some time ago, it remains highly relevant, widely used and understood within the trans-professional context of oncology and palliative care services across the UK. Other recent UK studies mapping services providing psychological care have used this as a basis (examples include the Pan-London Mapping of Psychological Care Services, Macmillan & Healthy London Partnership, 2020; Thames Valley Cancer Alliance Psych-oncology Mapping Report, 2023; East Midlands Cancer Alliance Case for Change Psychosocial Needs, 2023). More recently published research indicates the prevalence rates used in the 2004 NICE guidance document are consistent with current levels of psychological distress in cancer populations. If anything, prevalence rates are greater than 20 years ago (see appendix B for fuller discussion).

The terminology adopted within the nationally agreed PTSF was in line with the NICE guidance. We recognise in Scotland, the PTIS and the Matrix refer to four categories of psychological practice type. Table 1 demonstrates how these broadly correlate with NICE definitions:

Table 1

<i>NICE Levels</i>	<i>PTIS and Matrix Types</i>
Level 1: All those working in cancer care	Psychologically informed care
Level 2: All those working in cancer care with additional expertise in psychological support	Psychologically skilled care
Level 3: Trained and accredited psychological therapists	Enhanced psychological practice
Level 4: Clinical psychologists, counselling psychologist or psychiatrists	Specialist psychological practice

As the aim of this project is to implement the PTSF, we have continued to use terminology consistent with that document, whilst incorporating the more recently published PTIS and Matrix descriptors. It is worth noting that staff groups identified in the NICE guidance do not necessarily correlate with the staff groups in the matrix or specification, as the former was developed with physical health services and staff in mind.

2. Scoping Survey Methodology

The specific questions included in the scoping survey were identified by the project team, drawing on similar scoping undertaken elsewhere in the UK. The questions and format were also reviewed by the project steering group (Appendix C).

Webropol was the chosen platform to deliver the survey due to access to the system, the ability to use a “save and continue” option and the ability to use analytics for the responses. Due to the level of qualitative data and free-text within the responses the use of Webropol analytics was limited, despite consultation with librarian who had specialist Webropol training.

The scoping survey was “live” between the following dates: 28/09/23-27/10/23. It was distributed via the following channels:

1. The project national steering group (Appendix D)
2. The wider stakeholder distribution list comprised of people who had expressed interest in the project, and connections and relationships built up by the programme team, with the request to forward to colleagues and partners where appropriate (Appendix E).

Respondents and Collation of Results

83 survey responses were submitted through Webropol and included a wide range of NHS and third sector partners. Some respondents answered on behalf of a sizeable service, while others represented a small team, such as clinical nurse specialists for one tumour type. Given this variability in who completed the survey, quantitative results need to be interpreted with caution.

The survey team collated the responses into the tables listed and described in the results section. These cover the nature of services and staffing, training, supervision arrangements. Where it was clear there had been duplication of information, tables were adjusted accordingly. It is envisaged that dissemination and discussion of this interim report will help to highlight further inaccuracies of gaps in the information collated, and the tables shown in results and appendices will be expanded or amended accordingly.

The results presented are primarily focused on Enhanced or Specialist services (levels 3 and 4). The importance of staff providing Psychologically Informed (level 1) and Psychologically Skilled (Level 2) care cannot be underestimated and is vital to promotion of healthy psychological adjustment to cancer and identification of more complex need. The breakdown of results at this level is not reported in detail here, as the project was specifically tasked with analysis of enhanced and specialist psychological practice provision within cancer services.

A final caveat is to note that services are described based on their Health Board location, but some of these services have regional or national remit for psychological support. Similarly, the incidence figures provided are by Board of residence for patient. While a key Scottish Government aim is for treatment to be as close to home as possible, the nature of some illnesses necessitates treatment at a regional/national centre.

Limitations

Those who responded to the survey were reached via the project steering group and extended distribution list. As such, the project team were reliant on the questionnaire being shared amongst colleagues. This may mean that some relevant staff working in cancer services who provide psychological support were inadvertently missed. This is more likely to be the case for those providing psychological informed and skilled care (levels 1 and 2).

Inclusion and Consistency in Survey Reporting

The purpose of the PTSF is to describe the psychological support structures which should be available to all those affected by cancer aged 16 years and above. This covers a large and somewhat loosely defined group of people and services. This could include parents, carers or other family and friends of people with a cancer diagnosis. In addition, psychological support may be provided for people with a cancer diagnosis by services which are not cancer specific, such as palliative / hospice care, spiritual care and services providing support for people with any long term conditions.

In order to achieve clarity and consistency in reporting the results of the scoping survey, responses have been included from services specifically for adults (over 16 years of age) with a cancer diagnosis, their carers and families. The following service areas were not included in the survey results: palliative care, spiritual care, services for children whose parents have a cancer diagnosis, and services for adults whose children have a cancer diagnosis. It is recognised that these are valuable and important services with a key role in supporting people affected by cancer. The team have liaised with colleagues in these areas and they will be acknowledged in the final project report.

Whilst the PTSF describes the four types of support in line with NICE (2004) guidance [3], some inconsistency in interpretation of types of support was apparent in the survey responses. The project team have endeavoured to report results with as much consistency as possible, even where this meant occasionally adjusting the level from that identified by the respondent to be more consistent with other respondents. Results tables included in this report are in line with the following definitions for psychological support and therapy.

Table 2: NICE (2004) 4-level Psychological Assessment and Support Framework

Levels of Psychosocial Care
Level 1 (psychologically informed care – <u>universal</u> - all cancer patients in need of psychological support)
Should be able to recognise psychological need, engage in compassionate communication, and give effective information and supportive care services such as complementary, peer support and active listening.

All those working in cancer care (1A) and all clinically registered staff working in cancer care (1B)
e.g. practice nurse, ward staff, GP, ICJ (Improving the Cancer Journey) link worker, navigator role.

Level 2 (psychologically skilled care, generally provided as part of routine care; for patient in need of targeted support)

Should be competent in psychological screening and the provision of both emotional support and specialist information giving. Likely to make onward referral to level 3 or 4 where indicated. Includes provision of services such as facilitated support groups, stress management and problem solving, mindfulness and stress reduction courses. All those working in cancer care with additional expertise in psychological support e.g. CNS, AHP, mindfulness teacher, some ICJ link workers.

Level 3 (enhanced psychological practice, for patients needing specialist support)

Trained and accredited professionals providing psychological assessment and evidence based treatments provided as a core part of their role, in line with the Scottish Psychological Therapies Matrix*. May also provide training and supervision. e.g. CBT therapist or other BABCP registered counsellors, psychotherapists or equivalent.

Level 4 (specialist psychological practice, for patients needing complex support)

Specific recognised professional training in psychological theories and therapies as the core remit of their role; will also provide training, supervision and consultation. e.g. Trained and accredited clinical psychologists, liaison psychiatrists, counselling psychologists.

** The Matrix evidence table for psychological interventions for cancer is in the process of being updated*

3. Results

Annual incidence of new cancer diagnoses in each Board area was provided by Public Health Scotland. (Appendix F). Applying the widely accepted expectation that in the initial year after diagnosis 10% of patients experience psychological distress severe enough to require support from a level 4 service, while 15% require level 3, an estimate of need has been calculated for whole time equivalence of staffing required at levels 3 and 4 (based on an average caseload of 120 patients per year). This calculation was based on NICE (2004) prevalence rates. As discussed above, this is the standard measure used in planning provision and delivery of cancer service in the UK and has been widely used in other recent scoping reports.

It should be noted that these estimates of need are conservative as this does not include provision for the significant numbers of people who have completed treatment and / or

those living with cancer more than a year after diagnosis, or dedicated time for the provision of training and supervision for staff at levels 1 and 2. In 2021 it was estimated that those surviving cancer up to 20 years across all ages was 3,801 per 100,000 (figures from Public Health Scotland). In addition, cancer incidence rates are increasing for most adult groups and cancer types. Mental health incidence rates are also demonstrating upward trend. Appendix B provides an overview of more recently published estimates of prevalence of psychological distress, recognising the complexity of estimating demand, and acknowledgement that the numbers of individuals seeking psychological support may not be the same as those experiencing psychological distress).

At the time of the scoping survey there was no embedded cancer-specific NHS enhanced or specialist psychology provision in nine out of the fourteen health boards in Scotland (Table 3). Of these areas, NHS Tayside, Highland and Lanarkshire had access to enhanced and specialist level 3 and 4) psychology provision via Maggie's centres. In addition, specialist/level 4 psychologists in NHS Tayside, Lanarkshire, Ayrshire & Arran, Borders, and Dumfries and Galloway would see some patients with cancer as part of a generic clinical health service¹.

Specialist NHS psychology services provided an indication of the number of patients seen on an annual basis in a given 12 month period. This varied significantly across areas, however where psychology services are embedded within cancer services, a significantly larger number of patients were able to access specialist psychology support.

It is also important to note that referral rates were taken from 2022, the first year many services were functioning 'as normal' post-COVID, and all service leads indicated referral rates figures were reduced from pre-covid levels. Indications are that referral rates are much higher since and the Self-Assessment process will give an accurate account of more recent referral rates.

There was a wide range of responses describing provision of psychological support at Levels 1 and 2 of the framework, see Appendix G for further details.

¹ Each Maggie's provides its programme of support (e.g., levels 1-4) to the people in the geographical areas served by the NHS cancer centre they sit alongside, and we don't have any referral boundaries so people can use us from anywhere in Scotland (in person or online, or a combination of the two). This includes people from remote and island communities, and anyone who can't physically access a Maggie's centres for whatever reason (e.g. transport, deteriorating health, family or work commitments).

Table 3. Provision of Enhanced (level 3) and Specialist (level 4) embedded psycho-oncology services by health board area of provision (includes national and regional services, e.g. most psycho-oncology services in major cancer centres see patients out with health board location e.g. National Transplant Service)

Specialist			Enhanced		
NHS Board	NHS WTE	3rd sector WTE	NHS Board	NHS WTE	3rd sector WTE
Grampian	1.7	1	Grampian	0.4	4
Tayside	0	1	Tayside	0	Not specified
Highland	0	1	Highland	0	0.8
Western Isles	0	0	Western Isles	0	0.4
Shetland	0	0	Shetland	0	0
Orkney	0	0	Orkney	0	0
GG&C	4	3	GG&C	0	5.1
Lanarkshire	0	0.6	Lanarkshire	0	0
Forth Valley	1.3	1	Forth Valley	0	0.2
Ayrshire and Arran	0	0	Ayrshire and Arran	0	2
Lothian	0.8	1.4	Lothian	1.6	6.1
Fife	0.7	1.1	Fife	0	0
Dumfries and Galloway	0	0	Dumfries and Galloway	0	0
Borders	0	0	Borders	0	0
Total	8.5	10.1	Total	2	18.6

Qualitative Feedback on Access and Inclusion

The survey included two free text questions which asked services to describe actions or strategies to maximise accessibility and inclusivity, plus any other additional information respondents wished to include.

These qualitative responses were collated (Appendix H) and the following themes identified:

1. Improving accessibility to address challenges caused by geography, or treatment and health-related symptoms:

Some services achieved this via adapted and flexible service delivery, giving options where possible around where and how to access support. For example, appointment via telephone, video or face-to-face, in a range of centres (when choice available) and help with transport to centres. In smaller, remote and rural communities, services tried to be mindful of pre-existing relationships when assigning counsellors.

2. Addressing health and societal inequalities

Some services reported awareness of potential inequalities in the widest sense, including but not restricted to poverty, sexual/gender identity, neurodiversity, learning disabilities, sensory needs, mental health, trauma, broader health needs and capacity. Holding this central to service planning and delivery, building this into staff training.

3. Mitigating communication challenges

A number of services described offering solutions to facilitate effective and meaningful communication, offering translation and interpretation services including BSL and sensory impairment. Building this into staff training and CPD when possible or hiring staff with additional language skills.

Working with local inclusion services.

4. Other barriers identified

Distance.

High demand with limited clinical capacity, resulting in longer waits which can then negatively impact referrer's decision to offer emotional or psychological support.

Lack of dedicated psycho-oncology service, with support only available via general medical /clinical health psychology service.

Service restricted to certain age groups or clinical group/status or by geographical catchment.

Lack of staff training, skills and experience.

Lack of stepped care pathways due to singular staffing and service design (generally due to lack of resource).

Awareness of service when drop-in – how to publicise effectively to improve footfall.

Reliance on volunteers and students to deliver service.

4. Training and Education

The PTSF Education and Training Grid [1] details the skills and competencies required for staff working delivering across the four practice types (Matrix). However, in line with UK cancer services, these skills and competencies are described across the four NICE levels which are understood by all service providers in all sectors and provide a common language.

There are large numbers of staff working at levels 1 and 2 in all cancer services (NHS healthcare, 3rd sector and statutory) across Scotland. Every organisation has its own governance framework which will include mandatory and recommended staff training.

Clinical practice guidelines recommend training cancer care staff in psychological skills to assess mental health difficulties and deliver brief interventions [3,4,5, 6]. Training significantly improves staff confidence in identifying distress and making resultant plans to support or refer or signpost as appropriate [7]. Training in psychological support skills can positively impact staff engagement, mental wellbeing and burnout [8].

In line with other sections of this report, this section aims to map the training that services currently /recently access. As such, this is an outline of recent practice and documents what staff told us. The specific training content is not under review as the purpose of the scoping survey was baseline mapping.

In total, 70 organisations responded to the questions on training. This is less than the total overall number of responses to the mapping survey and may represent the fact that some organisations (e.g. Maggie's) have the same training plan across all centres [2].

Of these 70 responders, 45 services indicated they access training of some variety. In the NCA Region, 4 services indicated they accessed training; within SCAN health boards, 16 services reported on their training; and within WoSCAN, 25 services detailed training they had accessed. At first analysis, this suggests surprisingly wide discrepancies, although this may simply be omission of reporting in some instances. There are some commonalities in theme or type of training accessed. Certain organisations are able to organise and run their own CPD/Learning and Development Programmes, whereas in others it seems more driven by staff need and/or availability of course. In the current financial climate it is also assumed that funding for training and development will be relevant in determining what staff may have access to. In essence, it seems that there is more consistency of training schedules within 3rd sector organisations and greater variability within NHS services.

² *In their role as a Maggie's centre psychologist, the Clinical or Counselling psychologist is required to utilise both level four and level three competencies dependent on need; in individual, group and course formats. The Abertay PGCert 'Psychological Therapies in oncology' is designed to provide external accreditation for the level 3 competencies offered by Cancer Support Specialists in addition to their level 1&2 competencies.*

The following table outlines training staff advised us they have had access to. This is not definitive list or recommended list of training, it is simply a record of responses. Training course are listed under the level identified by respondents; as such, there may be some discrepancy. Anyone working in cancer care can access Macmillan training, however responses to the survey suggest there is limited awareness of this and of the range of training available through Macmillan’s Learning Hub (see Table 5).

Table 4: Staff reported training accessed

	Delivered by
Level 1 - Psychologically informed care	
Sage & Thyme	Local Psychology team Local Palliative Care team Macmillan
Macmillan Learning Hub	online
Mental Health First Aid	Health Improvement Scotland ARC Scotland
Motivational Interviewing	Turas
Introduction to CBT for Anxiety	Turas
Trauma Informed Practice	NES/ Turas
Realistic Conversations	EC4H
Psychologically informed relational care and values based supportive conversations	Maggie’s psychologist and accredited advanced communication trainer
Peer Support	Turas
Psychological First Aid	Turas
Emotion Matters	Turas/NES
LIAM (Let’s Introduce Anxiety Management; for CYA)	NES
Mindfulness	Turas/NES
Capacitar	
Adult & Child Protection	Turas/NES
Good Mental Health & Well-being	Turas/NES
Suicide Prevention	Turas/NES
Healthy Eating	Turas/NES
Menopause	Turas/NES
Palliative Care/bereavement	Turas
GIRFEC	Scottish Government
PHQ-9 and GAD-7	Beatson Clinical Psychology Staff
Listening service	NHS Spiritual Care team
PHQ-4	Fife Psychology team
Marie Curie Learn & develop	Marie Curie CNS
Loss, grief & bereavement induction	Marie Curie Bereavement Co-ordinator

2 day training developed by senior staff in CLAN on listening and support which is mandatory for all client facing volunteers and staff members (level 1) with 2 yearly refresher; plus one day safe-guarding training	CLAN senior staff
Internal training re cancer awareness, safeguarding and similar	Cancer Support Scotland staff
Level 2 Psychologically skilled care	
Developing Practice	Local Psychology & NES
AsSET	Local Psychology & NES
ASIST	Lifeworks Local Mental Health team Council (Renfrew) External (BCC) SAMH Council (D&G) HIS
Psychologically skilled care: ACT based package, level 2 Psychological in Oncology & Palliative Care, Somerset (SWAG NHS Cancer Alliance)	Part of Maggie's L&D Programme, delivered by centre psychologist who has completed 'Train the Trainer' Training
CALM (Cancer and Living Meaningfully).	Training & on-going supervision is collaboration between Prof Gary Rodin and Maggie's lead psychologist
Cognitive rehabilitation and cancer	NES
Safeguarding for children & vulnerable adults	Maggie's staff
Suicide risk management	Maggie's staff
Unspecified if Level 1 or 2	
Beatson Cancer Charity (BCC) Bereavement session	BCC Psychologist
Beatson Cancer Charity START	BCC Staff
Beatson Cancer Charity Listening Skills/communication	BCC Staff
Advanced communication	St Andrew's Hospice
Loss, grief and bereavement	St Andrew's Hospice
Ask, tell, suicide & mental health training	NHS Lanarkshire
Good conversations	NHS Lanarkshire HSCP
Mindfulness	FDAMH - Falkirk Mental Health Association
Child Bereavement	Child Bereavement UK
Suicide ALERT	South Lanarkshire Council
Good Communications	Thistle Project
SAMH	SAMH
Clinical Education Sessions	Clinical Educators
Mandatory Safe-guarding & GDRP	iHasco
Trauma Informed	Fife Council

Psycho-Oncology training	NHS Lothian staff
Depression in Palliative Care	St Columba's Hospice Family Support Team
Suicide Risk in Palliative Care	St Columba's Hospice Family Support Team
Communication Skills	Local college
Level 3 – Enhanced psychological practice	
Enhanced Psychological Practice: Post-Graduate Certificate in Psychological Therapies in Oncology	Developed in collaboration between Maggie's with Division of Health Sciences, delivered and accredited by University of Abertay.
Safeguarding for children & vulnerable adults	Maggie's staff
Suicide risk management	Maggie's staff
Level 4 – Specialist Psychological practice	
Various ACT courses	Contextual Consulting
Various therapeutic process and skills training courses	NES
Therapy and professional courses	ACP, BPS/DCP/ Other professional organisations

Macmillan Learning Hubs

Macmillan offer all professionals working in cancer care access to their Learning Hub, regardless of whether working in NHS, third sector or statutory care. The only requirement is to register and request a Macmillan log-in for the Hub. The Hub is organised around broad categories of essential (level 1) and enhanced (level 2), and all courses map onto the broader Macmillan Person Centred Care Competency Framework [5].

The most commonly listed courses accessed by staff in in our survey were:

Table 5: Macmillan Training Accessed by Respondents

Essential (level 1)	Enhanced (level 2)
Introduction to emotional health and wellbeing	Emotive conversations in cancer care
Essential Communication Skills	Psychological Support skills to enhance cancer care
Motivational Interviewing	10 minute CBT
The spirit of MI in cancer support	Enhanced Communication skills
Sage & Thyme – how to listen and respond to distress	Courageous Conversations
Help for the helpers	
HNA/Care Planning	

5. Supervision

Service quality statement number 3 in the PTSF states “All professionals delivering psychological interventions should have regular and routine access to consultation and/or supervision to optimise competency and delivery of interventions” [1]. It was clear from service responses that there were a range of activities reported under the heading “supervision”, provided by a range of different people. This highlighted the need to define the term “supervision”.

Definitions and Professional Standards

Clinical Supervision is a vital aspect of governance which is distinct from line management supervision. It can be defined as “a process in which practice is supported and challenged through discussion and reflection with a trained Supervisor, promoting the safe and effective delivery of care” [6]. The Health and Care Professions Council (HCPC) definition [7] also emphasises the importance of professional learning and development through agreed and regular support with a suitably qualified professional.

Supervision can have different forms and functions. Three key functions identified by Proctor [11] are formative (relates to skills development and understanding), normative (relates to quality and standards) and restorative (relates to staff support / emotional impact of clinical practice); supervision may encompass all three functions but some activities may primarily serve one of these but not the others.

In the context of delivering enhanced or specialist psychological interventions (levels 3 and 4), supervision for all clinicians is a requirement. The standard training for those providing supervision at this level in the NHS in Scotland is the NES Training in Generic Supervision Competencies for Psychological Therapies and Interventions (GSC) [12]. Across UK cancer services, there have been many developments in level 2 training [4, 7, 8, 13,14]. This training is generally aimed at healthcare professionals who are not mental health staff, but who may be called on, in the course of their post, to provide psychologically skilled care. Training significantly improves staff confidence in dealing with psychological distress [7, 15].

In the UK it is recommended that healthcare professionals delivering services for people affected by cancer, who have completed level 2 training, should attend clinical supervision led by a Level 3 or 4 psycho-oncology professional, either 1-1 or in a group, on a monthly basis as a minimum standard [5]. Ongoing supervision helps integrate skills into practice [14] and without this, staff may not have the confidence to deliver appropriate support [15,17].

Peer supervision has the advantage of being flexible and accessible and peers may bring an excellent understanding of the context and clinical issues, however there may be limitations in terms of challenge or skill development. Peer supervisors should have completed supervision training; where this is not the case, peer supervision is unlikely to be adequate to fully meet the clinical supervision needs of practitioners providing interventions for those delivering psychologically skilled care, or enhanced or specialist psychological practice).

Scoping Survey Responses

45 respondents, spanning provision of all four types of psychological support and interventions, described supervision arrangements in the scoping survey (Appendix I). Five of these stated they or their service had no supervision in place. 22 stated arrangements were in place which included supervision delivered by a psychologist or counsellor; this is likely to cover restorative, normative and formative functions. The supervision arrangements described by the remaining 18 respondents included peer supervision, reflective practice with colleagues or Values Based Reflective Practice (VBRP). While these activities undoubtedly serve a valuable and important restorative function, they may not provide the formative and normative aspects which support the skills development and “optimise competency” as described in the framework document and recommended by HCPC and other bodies.

A number of respondents provided a reason for staff not receiving supervision (Appendix J). Reasons included financial restrictions, having no time in a job plan and having no access to supervision, or access being ad hoc and dependent on a good will arrangement. One respondent stated that staff had been offered supervision but did not want it, while another stated that staff were not registered so it was not required.

The majority of enhanced and specialist practitioners report that they do receive supervision from a suitably qualified supervisor in line with professional governance requirements. For staff whose role may encompass delivery of skilled psychological care, the picture is mixed. A minority of staff at this level (2) receive supervision from a level 3 or 4 psycho-oncology professional in line with national guidance. Most have supervision arrangements in place, but this may be serving a primarily restorative function.

In all settings, significant barriers limiting availability or type of supervision that staff working to deliver skilled psychological care were lack of access to a supervisor, lack of funding and lack of time.

6. Overall Findings and Implications of the Survey

Across Scotland a wide range of psychological care and practice and emotional support is being offered to people affected by cancer, however there are undoubtedly significant gaps and inequity in provision and in people's ability to access support. The survey identified a **total of 39.2 WTE staff offering enhanced or specialist care (levels 3 and 4) across NHS and third sector organisations in Scotland with a specific cancer remit**. This includes regional and national service provision, most of whom use NHS Near me/Attend Anywhere to deliver support. Combining 2021 prevalence data with NICE (2004) prevalence estimates suggests a conservative estimated requirement of 71 WTE staff. The limitations of this approach to estimating demand and capacity are recognised and will be explored more fully in the final report.

Only 6 Health Boards have dedicated NHS psycho-oncology services: Fife, Forth Valley, Grampian, GGC, Lothian, Orkney & Shetland (access via Grampian). A further 4 have access to Clinical Health Psychology service, but with no specialist or enhanced (level 3 or 4) staff embedded or dedicated to haematology/oncology: A&A, D&G, Lanarkshire, and Tayside. Three NHS boards currently have no NHS psychology service for people affected by cancer: Borders, Highland and Western Isles, though Highland is in process of developing a generic clinical health psychology service.

Additional support is provided by many third sector partners, in particular we note that Cancer Support Scotland and Macmillan (via BUPA) can offer counselling to anyone in Scotland (via remote sessions) and Maggie's have centres in all health boards except Borders, Dumfries & Galloway, Ayrshire & Arran, and the Island communities. Other health boards have access to cancer support services via charities, though not all. All health boards now have access to ICJ services, albeit there are notable differences in how and when these services have been established.

The variation in enhanced or specialist practitioner support available results in a lack of consistent pathways for people who have additional psychological support needs. Where pathways for psychological support are inconsistent or unclear, there is a risk that clinical staff will not feel able to confidently assess or address needs, as means of support are not clear. This increases likelihood that there will be a substantial group of patients whose needs are unmet, even where excellent support is available at levels 1 and 2.

There was some inconsistency in how respondents completed the survey suggesting possible confusion about the types of psychological intervention being delivered. This indicates a need to further clarify the differences between the types of psychological support, to reduce the risk of confusion in the self-assessment process, and to enable people affected by cancer to access appropriate support for them at the right time.

In addition, responses suggested a lack of clarity around supervision and training. It may be helpful to review supervision structures for staff providing informed and skilled psychological care (levels 1 and 2), particularly in relation to on-going development and skill maintenance [15]. Primarily restorative focused supervision, such as VBRP or peer

supervision, is unlikely to be sufficient for skilled psychological support competencies to be embedded and maintained, as outlined within the Scottish Psychological Therapies Matrix. Within the NHS limited training is being accessed that is specifically developed for staff in cancer services. Although Enhanced Psychological Practice/level 3 oncology specific training exists and is accessed by Maggie's staff, there are no oncology specific training courses identified or accessed by staff providing Specialist Psychological Practice/level 4. Training for those providing these categories of care is variable and guidance around what would be appropriate for enhanced and specialist mental health clinicians would be helpful, both as part of an induction for those new to working in cancer services and as essential ongoing CPD.

A well trained workforce enables people to access the right support at the right time. The development of training resources and a clear education strategy in-line with the PTSF will be further explored in the course of the project.

Furthermore, the development of recommended referral pathways (in local areas and nationally) including guidance on screening, is likely to be a helpful step towards ensuring parity and consistency regardless of geographical location of service.

7. Conclusion

While the survey process has clear limitations, it has achieved the aim of producing a Board by Board map of current provision of psychological support, focused on Levels 3 and 4, for people affected by cancer across both the third sector and the NHS. There are clearly significant gaps and inequities in provision, along with many areas of good practice and innovation, including ways to make services more inclusive and accessible. The information collated here will be invaluable in supporting the next stage of the implementation of the PTSF and specifically in working with the regional steering groups to undertake the self-assessment audit. The project team hope it will generate useful feedback and discussion with stakeholders.

The survey has highlighted where additional detail or clarity was needed in relation to the four types of practice described in the PTSF, including aspects of clinical supervision. It has also generated a vast amount of useful information about the training currently being delivered and accessed within services supporting people with cancer. This understanding will help formulate training recommendations over the remaining course of the project.

There is a long way to go in ensuring that all those affected by cancer in Scotland can access appropriate psychological support for their needs, however this scoping survey and associated engagement and support of numerous stakeholders has been an invaluable first exercise.

Next stages for the project include supporting the national roll-out of the Self-Assessment process; liaising and working with NES to consider staff training and support needs; support on-going establishment of regional PTSF groups; and work with Steering Group and all stakeholders to agree recommendations with short, medium and long-term goals to maintain focus on improving psychological and emotional support for people affected by cancer in Scotland.

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Appendix A

Policy drivers for the Macmillan Psychological Support Project

The MPSP draws together a number of strands of different but complementary work streams, across both mental and physical health services.

UK national cancer developments

The NICE cancer service guidance *Improving Supportive and Palliative Care for Adults with Cancer: the manual* (2004) outlined best practice in developing and delivering cancer services for adults. Importantly, it included guidance and recommendations on psychological, social and spiritual support services; specialist palliative care; services for families and carers, including bereavement care; and workforce development, particularly around assessment of patient’s concerns and needs.

The NICE document included a recommended framework of professional psychological assessment and support, that was developed to represent the range of psychological skills provided by different professional disciplines, and encompass the range of psychological skills and expertise patients may require as they progress through their cancer treatment (Figure 2). It operationalised the psychological and emotional care of cancer patients, providing a stepped-care framework for the delivery of psychological support within a physical health setting.

Figure 2: NICE Psychological and Support Framework

Recommended model of professional psychological assessment and support			
Level	Group	Assessment	Intervention
1	All health and social care professionals	Recognition of psychological needs	Effective information giving, compassionate communication and general psychological support
2	Health and social care professionals with additional expertise	Screening for psychological distress	Psychological techniques such as problem solving
3	Trained and accredited professionals	Assessed for psychological distress and diagnosis of some psychopathology	Couselling and specific psychological interventions such as anxiety management and solution-focused therapy, delivered according to an explicit theoretical framework
4	Mental health specialists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy (CBT)

Self help and informal support

Despite being published some time ago, this remains the UK ‘gold-standard’ guidance for development of psychological support services. It has been a hugely influential document, allowing a range of professionals, many of whom are not mental health staff, to develop a common language and shared understanding of what good psychological care within a cancer service may encompass. It has also allowed a shared vision of training and development needs, at each level, to ensure a competent and confident workforce to deliver psychological support and intervention. As such, almost all psycho-oncology services in the UK are built around this framework.

The Manual of Cancer Support Services 2008: Psychological Support Measures (2010) uses the NICE Framework to set out standards for level 2 training and supervision for non-mental health staff offering psychologically informed or skilled care.

Macmillan Cancer Mapping Projects

Macmillan’s own work has identified the emotional impact of cancer and the growing level of psycho-social needs amongst those with a cancer diagnosis. A number of significant scoping exercises have been conducted across the UK, with a similar aim to this project. Others still are on-going (e.g. scoping of Welsh psychological services). The key pieces of scoping work that have informed this project are:

- *Developing Adult Professional Psychological Services for Oncology: Applying learning from the Arden Psychological Services Scoping Report (2015)*
- *The psychological impact of cancer: Transforming cancer services team for London (May 2018)*
- *Pan-London Mapping of Psycho-oncology services (Feb. 2020)*
- *Improving psychologically informed cancer care: implementing the London Integrated Cancer Psychosocial Care Pathway and the development of psycho-oncology services: A business case (Feb 2020)*
- *Case for Change: East Midlands Cancer Alliance (EMCA) Personalised Care/Living with Cancer (LWC) Transformation programme (Nov. 2020)*
- *Thames Valley Cancer Alliance Psycho-oncology Mapping Report (2023)*

Scottish Context

The National Specification for the Delivery of Psychological Therapies and Interventions

The National Specification for the Delivery of Psychological Therapies and interventions in Scotland (PTIS, [national-specification-delivery-psychological-therapies-interventions-scotland.pdf \(www.gov.scot\)](#)) was published by the Scottish Government in September 2023. This was developed from the Scottish Government Mental Health and Wellbeing

Strategy ([mental-health-wellbeing-strategy.pdf \(www.gov.scot\)](#)) which sets out a core aim that everyone should be able to achieve their best mental health and wellbeing. To do so, it was recommended that clear national frameworks be developed to ensure quality and consistency in service delivery and outcomes.

The PTIS applies to all psychological therapies and interventions delivered by appropriately trained professionals, employed by NHS Health Boards in all settings. Staff employed by local authorities or third sector organisations are outwith the scope of the specification, albeit there is a wider aim for collaborative working to support quality of care provision.

The Matrix

The range of psychological care and practice delivered by the workforce in Scotland is described in detail in the Scottish Psychological Therapies Matrix ([The Matrix - Home \(nhs.scot\)](#)) which outlines four categories of practice type:

- Psychologically Informed Care
- Psychologically Skilled Care
- Enhanced Psychological Practice
- Specialist Psychological Practice

The Matrix was developed for those planning and delivering psychological therapies, to provide guidance on the evidence for effective and appropriate therapies and interventions, available in timely manner and delivered by a well-trained and supported workforce. It is primarily focused on enhanced and specialist psychological practice, within Mental Health services, as this is the focus of psychological therapies and interventions.

The Psychological Therapies and Support Framework

The PTSF was one of the key drivers for this project, alongside Macmillan's scoping work. The PTSF was developed by a multi-disciplinary, collaborative group, with representatives from NHS (oncology and mental health/psychology), 3rd Sector organisations and social care.

The Scottish Government Cancer Strategy 2023 – 2033, Ambition 9 states that mental health should; be part of basic care for all those affected by cancer, and recommends embedding the PTSF and the Mental Health and Wellbeing Strategy for Scotland (2023) in all cancer care.

The Matrix, the PTIS, and the overarching Scottish Government Mental Health Strategy each posit the value of a whole systems approach, with the right support being available at the right time, and emphasise the value of timely and early intervention. Informed and skilled psychological practice is essential to the delivery of good services and ensures an early intervention approach which can prevent escalation of psychological problems and distress. If we enable good psychologically informed and skilled care, this can also reduce escalation of distress.

MPSP Context and Conclusions

A key task for the project then, is to draw these strands of work together in a meaningful way. We believe the similarities are greater than the difference, in that all talk about different types of support, which are provided by a range of staff, trained in different ways and with varying skill. There are two significant points about cancer care that we hold in mind for this project.

Firstly, within NHS cancer services, those staff working at specialist level are typically the only mental health staff within the cancer team. Most members of staff a patient will come into contact with have a primary role which is focused on physical health – in this case, the management and treatment of the cancer. This is not to say physical health staff do not provide psychologically informed and skilled care, but it is important to note this is not their primary role. This can have implications for training and development.

Secondly, the vast majority of staff who provide psychological care and practice to people affected by cancer in Scotland, are not in the NHS but typically within third sector organisations. The PTSF resulted from many years of partnership working across NHS, Statutory and third sector organisations, in a shared vision of improving care and pathways. In line with all UK psycho-oncology services, the PTSF uses the language outlined in the NICE framework i.e. levels of care.

In order for the project to sit meaningfully with other developments in the UK, including all other Macmillan scoping projects, we also use the language of the NICE guidance, but do so alongside terminology from the Matrix and the PTIS in order to be consistent and meaningfully relate to wider strategic developments within Scotland.

Appendix B

Estimates of prevalence of clinically significant psychological distress during and after cancer treatment as an indicator of demand for psychological support services

The NICE (2004) guidance reports that in the first year after diagnosis 10% of patients will experience psychological distress severe enough to warrant intervention from services providing specialist psychological practice (level 4) and 25% will experience distress appropriate for services that provided enhanced psychological practice (level 3). It is recognised that cancer care has changed significantly over the past 20 years, however, a review of more recent publications, as outlined below, indicates that the prevalence and severity of psychological distress experienced by those affected by cancer currently is likely to be similar, or if anything greater, than 20 years ago.

Prevalence rates vary depending in part on the method used to measure distress. Use of the distress thermometer, for example, resulted in a finding of 52% of patients identified as having high levels of psychological distress ^[i]. A recent epidemiological review found that 35–40% of cancer patients have a diagnosable psychiatric disorder according to the ICD-10 psychiatric interview ^[ii]. Depressive disorders are the most common of these; a systematic review of 210 studies ^[iii] reported a prevalence rate for clinical depression that varied from 7.9 % to 32.4 %, with a mean of 21.2 %. A cross sectional analysis of data from over 20 000 Scottish patients found rates of major depression ranged from 13.1% to 5.6 %, depending on a number of factors including tumour type, gender and age ^[iv]. Most reported they were not receiving treatment for their depression at the time of this study.

Pitman et al (2018) ^[v] report that depression and anxiety affect 20% and 10% of patients with cancer respectively, regardless of the point in the cancer trajectory, and whether in curative or palliative treatment. This finding is supported by a cross sectional study of long term survivors which found that moderate to severe depression and anxiety were reported in 17% and 9% of cancer survivors, respectively, with no significant difference between those 5 or 10 years after diagnosis ^[vi]. The Covid 19 pandemic has generally been found to have had a negative impact on mental health ^[vii], and while the full picture is still emerging post pandemic, this trend appears to be similar for people who have a diagnosis of cancer. A systematic review of rates of depression and anxiety among patients with cancer during the Covid pandemic indicates that the prevalence of mild, moderate and severe depression and anxiety were at least 30% ^[viii]. Further current research in this area would be welcome to clarify the current situation in 2024.

Based on UK and international publications between 2014 and 2022, it seems reasonable to assume that the prevalence and severity of psychological distress amongst adults during and after cancer treatment is similar or greater than the estimates which informed the NICE 2004 guidance. It is acknowledged that some individuals who meet the criteria for a mental disorder may not choose or need specialist or targeted psychological interventions, as other authors have pointed out ^[ix]. However, this method of estimating demand for

psychological services is the most clear and consistent currently available, given waiting lists are not available or reliable in areas where there is limited or no service provision.

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Appendix C Scoping Survey



Macmillan Psychological Support Project Scoping Survey

Thank you for taking the time to complete this survey in relation to your area. It should take no more than ten minutes.

The survey aims to help us map the nature and extent of psychological support and therapy currently available for people affected by cancer in Scotland across health, social care and third sector organisations.

It is focused on cancer specific services, not general psychology, counselling or mental health services. It spans levels 1 to 4 in line with the Psychological Therapies and Support Framework for People Affected by Cancer. This includes those who provide psychological support as part of a broader role e.g. CNS, AHP, or other healthcare staff, as well as those whose role is entirely focused on psychological support e.g. counsellor, psychologist.

Please complete the questions in relation to the cancer psychological support services which you are responsible for delivering or managing. Where you are aware of others providing psychological support within your Board area for people affected by cancer but you are not responsible for this, please forward the link and instructions to them.

Please feel free to contact us if you have any questions, you can email the programme coordinator: jennifer.cameron@ggc.scot.nhs.uk

1. What is the name of your service?

2. In which Health Board area is your service located?

3. What Health Board area/s of Scotland does your service cover?

4. What level of Psychological Support does your service offer? (Please select all that apply) *

- Level 1 - effective information-giving/compassionate communication
- Level 2 - first line psychological support e.g. stress management, problem solving
- Level 3 - counselling and specific psychological interventions e.g. mindfulness, anxiety management
- Level 4 – specialist psychological & psychiatric assessment and interventions by a qualified clinical/counselling/health psychologist and/or psychiatrist

5. Please list the (substantive) staff within your service who provide psychological support. WTE = Whole Time Equivalent is one way of recording number of hours or sessions. (0.1 WTE = 1 morning or afternoon worked per week, so someone who is full-time would be 1.0 WTE, whilst someone who works 1 day per week would be 0.2 WTE etc.)

Job Title _____

WTE - please state no. of days as WTE _____

Paid staff or volunteer _____

If funded is the funding permanent or temporary? _____

6. Do you need more fields to add additional staff titles to the last question?

- Yes
- No

If answered Yes to Question 6

7. Please list the (substantive) staff within your service who provide psychological support. WTE = Whole Time Equivalent is one way of recording number of hours or sessions. (0.1 WTE = 1 morning or afternoon worked per week, so someone who is full-time would be 1.0 WTE, whilst

someone who works 1 day per week would be 0.2 WTE etc.)

Job Title _____

WTE - please state no. of days as WTE _____

Paid staff or volunteer _____

If funded is the funding permanent or temporary? _____

8. How is your service delivered? (Please select all that apply) *

- Face to face 1:1
- Face to face groups
- Telephone
- Email
- Video Call 1:1
- Video call groups
- Info / self-help access via website
- Other

9. During which stages of the cancer journey does your service provide psychological support?
(Please select all that apply)*

- Before Diagnosis
- From Diagnosis
- Start of Treatment
- During Treatment
- After Treatment
- End of Life Stage
- Bereavement support after death
- All Stages

10. Who can access your service? (Please select all that apply) *

- Person with cancer
- Carers/Partners
- Children of person with cancer
- Anyone affected by cancer
- Staff working with people with cancer

11. How do people first come into contact with your service? (Please

select all that apply) *

- Telephone
- Drop In
- Self-Referral
- Contact is part of the routine Care Pathway
- Referral by Health Professional
- Previously attended something else the service offered
- Other

12. What additional training do your staff and volunteers have access to in order to help them support the psychological needs of people affected by cancer (other than professional qualifications)?

e.g. communication skills, Developing Practice, AsSET, ASIST, SAMH, Macmillan, training from local psychology team, EC4H, etc.

Name of course/training _____

Who delivers/runs the training _____

13. Do your staff have access to any form of clinical supervision? *

- Yes
- No

14. What form of clinical supervision do your staff have access to? *

- With a psychologist
- With a counsellor
- Peer supervision
- Reflective practice – with colleagues
- Reflective practice – in group
- Values Based Reflective Practice (often offered via chaplaincy)
- Other

15. If not why not? (Please select all that apply)

- Unregistered staff so not required
- No access to senior staff for this
- Financial restrictions
- No time in job plan
- Other

16. Do your staff deliver training to others to support delivery of psychological services and therapies? *

- Yes
- No

17. If Yes, please state what training they deliver:

18. Can you access another level of psychological/mental health services if you felt someone need this? *

- Yes
- No

19. If yes – who do you refer to?

- Cancer Service Psychologist
- Generic Psychology Service
- Community Mental Health Services
- 3rd Sector Counselling
- Liaison Psychiatry Service
- Other

20. If you do not refer on to anyone else, can you please tell us why? (e.g. services not available/waiting lists too long etc.)

21. We would be interested to hear about any steps you have taken to ensure the service is accessible and inclusive for all people affected by cancer or any specific barriers you are aware of?

22. Is there anything else you would like to tell us about the psychological support services you are providing?

Appendix D

Steering Group Membership

(Names Redacted)

<u>Organisation</u>	<u>Representative</u>	<u>Reporting to</u>
<u>Scottish Primary Care Leads</u>	To rotate between: XX and XX	<u>Primary Care Leads</u>
<u>Scottish Cancer Lead Nurses</u>	XX	<u>Lead Cancer Nurses</u> <u>NHS Fife</u>
<u>Psychology Leads</u>	XX XX	<u>Psychologists</u> <u>in cancer network</u> <u>LOCHS</u>
<u>Scottish Cancer Coalition</u>	XX	<u>Scottish Cancer</u> <u>Coalition</u>
<u>Maggie's</u>	XX	<u>Maggie's – all centres</u>
<u>Beatson Cancer Charity</u>	XX	<u>Beatson Cancer Charity/</u> <u>WoSCAN</u>
<u>SCAN</u>	XX XX XX/XX XX/XX/XX XX	<u>SCAN</u> <u>SCAN</u> <u>NHS Lothian</u> <u>NHS Borders</u> <u>NHS D&G</u>
<u>WoSCAN</u>	To rotate between: XX XX XX	<u>NHS GG&C</u> <u>NHS Forth Valley</u> <u>NHS GG&C</u>
<u>North Cancer Alliance</u>	XX XX	<u>NCA</u> <u>NCA/Tayside</u>
<u>NHS Education for Scotland</u>	XX	<u>NES</u>
<u>Scottish Government</u>	XX XX	<u>Cancer Policy Team</u> <u>Mental Health</u> <u>Directorate</u>
<u>Macmillan Cancer Support</u>	XX	<u>Macmillan Cancer</u> <u>Support</u>
<u>Scottish Cancer Network</u>	XX	<u>Scottish Cancer</u> <u>Network</u>
<u>Improving the Cancer Journey</u>	XX	<u>All ICJ Leads across</u> <u>Scotland</u>
<u>Radiographers</u>	XX	<u>The 4 Scottish cancer</u> <u>centre Lead</u> <u>Radiographers</u>
<u>NHS Western Isles</u>	XX	<u>NCA</u>
<u>Scottish Occupational</u> <u>Therapists SIG</u>	XX	<u>SCOTROP – Scottish</u> <u>Oncology and Palliative</u> <u>Care OT network</u>
<u>Macmillan Psychology Support</u> <u>Project</u>	XX	<u>MPSP Leads/Macmillan</u>

Appendix E
Wider Stakeholder List

MPSP Wider Stakeholder List			
WoSCAN	SCAN	NCA	Steering Group
Redacted for report publishing: Contact MPSP team for contact details	Redacted for report publishing: Contact MPSP team for contact details	Redacted for report publishing: Contact MPSP team for contact details	Redacted for report publishing: Contact MPSP team for contact details

Appendix F

Cancer Incidence/Estimate of Need for Psychological Support

Area	2021 Incidence all malignant neoplasms (excl NMSC)	Estimated need at Level 3 (15% requiring level 3 intervention*)	Estimated need at Level 4 (10% requiring level 4 intervention*)	Level 3 workforce requirement (based on caseload of 120 patients per year)	Level 4 workforce requirement (based on caseload of 120 patients per year)
Ayrshire and Arran	2,672	400.8	267.2	3.3	2.2
Borders	856	128.4	85.6	1.1	0.7
Dumfries and Galloway	1,198	179.7	119.8	1.5	1
Fife	2,406	360.9	240.6	3	2
Forth Valley	1,993	298.95	199.3	2.5	1.7
Grampian	3,623	543.45	362.3	4.5	3
Greater Glasgow and Clyde	7,449	1117.35	744.9	9.3	6.2
Highland	2,457	368.55	245.7	3.1	2
Lanarkshire	4,116	617.4	411.6	5.1	3.4
Lothian	5,338	800.7	533.8	6.7	4.4
Orkney	167	25.05	16.7	0.2	0.1
Shetland	147	22.05	14.7	0.2	0.1
Tayside	2,726	408.9	272.6	3.4	2.3
Western Isles	228	34.2	22.8	0.3	0.2
SCAN	9,798	1469.7	979.8		
WOSCAN	16,230	2434.5	1623		
NCA	9348	1402.2	934.8		
Scotland	35,379	5,120	3,413	42.5 WTE	28.5 WTE

* only those needing interventions within first year following diagnosis

Appendix G

MPSP Mapping results of current psychological care provision, enhanced/level 3 and specialist/level 4, per health board area

FOR ALL REPORTED REFERRAL RATES IN THE FOLLOWING TABLES, TO EMBEDDED PSYCHO-ONCOLOGY SERVICES OR TO GENERIC CLINICAL HEALTH PSYCHOLOGY SERVICES, PLEASE SEE CAVEAT RE FIGURES ON PAGE 10 OF MAIN REPORT

Region: NCA

Board: NHS Grampian

Population: 586,530

2021 Cancer Incidence: 3,623

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
	Consultant	Principal	Total WTE		
NHS Grampian– Adult oncology and palliative care	0.4	0.8	1.2	180	0
NHS Grampian TYA		0.5	0.5		
Maggie's		1 Clinical			

Service Level 3	Staffing dedicated to cancer care Staff title	WTE	Total WTE
NHS Grampian– Adult oncology and palliative care	CAAP	0.4	
Third Sector			
Maggie's	1 Health Psychologist	1.0	
CLAN	2 x person centred counsellors and 1 x cognitive hypnotherapist	Accessed / paid as needed on a case by case basis	0
Macmillan (BUPA)	Self –referral to online counselling		
Cancer support Scotland	Self –referral to online counselling		

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Friends of Anchor	Mindfulness group; Well-being staff, info and support, listening
CLAN	Listening and support – all staff trained to level 1
Maggie's	Cancer support specialists
Grampian ICJ	(not yet active)

Region: NCA
Population: 22,540

Board: NHS Orkney
2021 Cancer Incidence: 167

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
	Consultant	Principal	Total WTE		
Access to NHS Grampian Psycho-oncology service			0		0

Service Level 3	Staffing dedicated to cancer care Staff title	WTE	Total WTE
NHS		0	
Third Sector			
Macmillan (BUPA)	Self-referral to online counselling		
Cancer support Scotland	Self-referral to online counselling		

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Friends of Anchor	Mindfulness group; Well-being staff, information & support, listening
CLAN	Listening and support – all staff trained to level 1
Islands ICJ	Holistic Needs Assessment and signposting/support

Region: NCA
Population: 22,940

Board: NHS Shetland
2021 Cancer Incidence: 147

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
	Consultant	Principal	Total WTE		
Access to NHS Grampian Psycho-oncology service			0		0

Service Level 3	Staffing dedicated to cancer care Staff title	WTE	Total WTE
NHS		0	
Third Sector			
CLAN		0	
Macmillan (BUPA)	Self –referral to online counselling		
Cancer support Scotland	Self –referral to online counselling		

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Friends of Anchor	Mindfulness group; Well-being staff, info and support, listening
CLAN	Listening and support – all staff trained to level 1
Islands ICJ	Holistic Needs Assessment and signposting/support

Region: NCA
Population: 26,640

Board: NHS Western Isles
2021 Cancer Incidence: 228

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
	Consultant	Principal	Total WTE		
			0	0	0

Service Level 3	Staffing dedicated to cancer care Staff title	WTE	Total WTE
NHS		0	
Third Sector			
Western Isles Cancer Care Initiative	Counsellor	0.4	0.4
Macmillan (BUPA)	Self-referral to online counselling		
Cancer support Scotland	Self-referral to online counselling		

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Western Isles Cancer Care Initiative	General cancer support
Islands ICJ	Holistic Needs Assessment and signposting/support

Region: NCA
Population: 324280

Board: NHS Highland
2021 Cancer Incidence: 2457

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
	Consultant	Principal	Total WTE		
NHS	0	0	0	0	0 (service in development)
Maggie's	0	1.0	1.0		

Service Level 3	Staffing dedicated to cancer care Staff title	WTE	Total WTE
Third Sector			
Maggie's	0.8		
Macmillan (BUPA)	Self-referral to online counselling		
Cancer support Scotland	Self-referral to online counselling		

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
The Lade Centre (Argyll) (not cancer specific)	Support workers, counselling
Maggie's	Cancer support specialist, benefits advisor
Macmillan Community Cancer Support Worker Service	
ICJ	Holistic Needs Assessment and signposting/support

Region: NCA
Population: 417650

Board: NHS Tayside
2021 Cancer Incidence: 2726

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
	Consultant	Principal	Total WTE		
NHS	0	0	0	0	18
Maggie's		1(counselling)	1		

Service Level 3	Staffing dedicated to cancer care Staff title	WTE	Total WTE
Third Sector			
CANDU	Mindfulness-based Cognitive therapy for Cancer (MBCT-Ca)		
Tayside Cancer Support	Counsellor	Flexible hours	
Macmillan (BUPA)	Self-referral to online counselling		
Cancer support Scotland	Self-referral to online counselling		

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Maggie's	Cancer support specialists, benefits advisor
CANDU	Cancer support, peer support
Tayside ICJ	Levels 1 and 2 – link workers
Tayside Cancer Support	Cancer support

Region: WOSCAN
Population: 1,185,040

Board: GGC
2021 Cancer Incidence: 7449

NB

NHS GGC services include national and regional services meaning referral rates include patients from other health boards

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
NHS	Consultant	Principal	Total WTE		
Beatson Psychology Service	0.5	1.4	1.9	187	
West of Scotland TYA Service	--	0.5	0.5	40	
National Transplant and Cellular therapies service	1.1	0.5	1.6	192	
3rd Sector					
Beatson Cancer Charity		0.6 Counselling 0.6 Health	1.2		
Maggie's		0.8 Clinical 1.0 Counselling	1.8		

Service Level 3	Staff title	WTE	Total WTE
NHS	N/A		
3rd Sector			
Cancer Support Scotland	Counsellor	1.7	
Beatson Cancer Charity	Group Facilitator	1.8	
Marie Curie Hospice	Counsellor	1.0	
Maggie's	Stress Management Specialist	0.6	

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
ICJ	Holistic Needs Assessment and signposting/support
Macmillan @ Glasgow Libraries	Information and Support
Beatson Cancer Charity	Wellbeing services
Maggie's	Benefits advisor, Cancer support specialist
Cancer Support Scotland	Wellbeing services
Marie Curie Glasgow	Emotional support/stress management/relaxation techniques/specialist information giving

Region: WOSCAN
Population: 664, 030

Board: Lanarkshire
2021 Cancer Incidence: 4116

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
NHS	Consultant	Principal	Total WTE		
Clinical Health Psychology & ACCEPT Service	--	--	--		41
3rd Sector					
Maggie's	0.6	0.6			

Service Level 3	Staff title	WTE	Total WTE
NHS			
<i>Clinical Health Psychology & ACCEPT Service</i>	<i>TBC</i>	--	---
3rd Sector			

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
The Haven	Wellbeing services
Maggie's	Cancer Support Specialist Benefits Advisor
ICJ	Holistic Needs Assessment and signposting/support

Region: WOSCAN
Population: 305,710

Board: Forth Valley
2021 Cancer Incidence: 1993

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
NHS	Consultant	Principal	Total WTE		
Clinical Health Psychology	0.9	0.4	1.3	62	
3rd Sector					
Maggie's	--	1.0			

Service Level 3	Staff title	WTE	Total WTE
NHS			
3rd Sector			
Maggie's	Counselling trainee & mindfulness teacher	0.2	
Macmillan One to One	Advanced CNS	1.0	
CHECK	CNS	0.8	
The Haven	Haven Nurse	2.0	
CHECK			
Strathcarron Hospice	Bereavement Co-ordinator	0.6	
CHECK	Social Worker	1.8	
	Volunteer Counsellors, training and qualified	6	

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Macmillan One to One	CNS and Clinical Support Worker input
Maggie's	Cancer Support Specialists, counsellor trainee, mindfulness teacher, benefits advisor
Strathcarron Hospice	Emotional support/specialist information giving

Region: WOSCAN
Population: 368,690

Board: A&A
2021 Cancer Incidence: 2672

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
NHS	Consultant	Principal	Total WTE		
Clinical Health Psychology Service	--	--	--		41
3rd Sector					

Service Level 3	Staff title	WTE	Total WTE
NHS	n/a		
3rd Sector			
Ayrshire Cancer Support Service	Adult Counsellor	1.2	
	Child & Young Person (CYP) Therapeutic Support Practitioner/Counsellor	0.8	
	Adult/CYP sessional counsellors/practitioners	Hours vary	

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Ayrshire Cancer Support	Wellbeing services including complementary therapies

Region: SCAN
Population: 916,310

Board: NHS Lothian
2021 Cancer Incidence: 5338

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
NHS	Consultant	Principal	Total WTE		
Lothian Psycho-oncology		0.6 Clinical Psych	0.6	207	
Patient and Family Support Service		0.2 Clinical Psych	0.2		
3rd Sector					
Maggie's Edinburgh		Counselling Psych 0.6 and 0.8	1.4		

Service Level 3	Staff title	WTE	Total WTE
NHS			
Lothian Psycho-oncology	Clinical Associate in Applied Psychology	0.6	0.6
NHS Lothian Patient and Family Support Service	Counsellor	1.0	1.0
3rd Sector			
Maggie's Edinburgh	Family Therapist	1.0	1.0
St Columba's Hospice Care	Family Support Team Manager (CBT Therapist and Counsellor) Counsellors	1.0 3.6	4.6
Westerhaven Cancer Support Centre	Person Centred Counsellor CBT Therapist Neuro-Linguistic Programming Therapist	0.2 0.2 0.1	0.5

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
St Columba's Hospice	Support including chaplaincy
ICJ	Holistic Needs Assessment and signposting/support
Maggie's	Benefits advisor, Cancer Support Specialist
Westerhaven Cancer support centre (The Health Agency)	Cancer support including support groups

Region: SCAN
Population: 374,730

Board: NHS Fife
2021 Cancer Incidence: 2406

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
NHS	Consultant	Principal	Total WTE		
NHS Fife Psycho-Oncology		0.7 Principal Psychologist	0.7	41	
3rd Sector					
Maggie's Fife	0.1	Counselling Psychologist 1.0	1.1		

Service Level 3	Staff title	WTE	Total WTE
NHS			
3rd Sector			

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Maggie's	Benefits advisor, Cancer Support Specialist
ICJ	Holistic Needs Assessment and signposting/support

Region: SCAN
Population: 148,790

Board: NHS Dumfries and Galloway
2021 Cancer Incidence: 1198

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
	Consultant	Principal	Total WTE		
NHS					
Nil					45
3rd Sector					
Nil					

Service Level 3	Staff title	WTE	Total WTE
NHS			
Nil			
3rd Sector			
Nil			

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Macmillan Cancer Information and Support Centre	Information and support, support groups

Region: SCAN
Population: 116,020

Board: NHS Borders
2021 Cancer Incidence: 856

Service Level 4	Staffing dedicated to cancer care			Average Annual Referral Rate	Generic Service Average Annual Referral Rate for Cancer Patients
NHS	Consultant	Principal	Total WTE		
Nil					
3rd Sector					
Nil					

Service Level 3	Staff title	WTE	Total WTE
NHS			
Nil			
3rd Sector			
Nil			

Levels 1 and 2 (out with NHS)	
Organisation	What it offers
Borders Macmillan Centre	Cancer support including anxiety management

Appendix H

The survey included 2 free text questions asking about steps taken to ensure services are accessible and inclusive and any additional information respondents wanted to include.

These qualitative responses were collated and the following themes identified:

1. Practical Accessibility, including rural challenges

Offer a clinic in two locations and phone/video appointments to reduce travel burden but travel likely still a challenge for some people living in more remote areas.

We offer a range of options to access the service - phone, video or face-to-face. This has increased geographical accessibility and enabled people to attend at times when may be symptomatic, but still able to benefit from accessing psychology.

All of our centres offer elements of their programme virtually and people are facilitated by their local centre team to access support at other centres if this is more convenient.

Deliver either face to face or phone/video call due to rurality and elderly population.

Our services are available in person and remotely (via telephone or NHS NearMe).

Our premises are accessible to those with limited mobility, and transport can be arranged to support people coming in for appointments where appropriate.

Living in remote and rural communities makes the physical access of counselling support difficult, so we have had to offer a blend of face to face and zoom sessions to counteract that. Also the logistics of living in a small community means that people know each other, so we ensure that everyone who requests support knows they can change counsellor if they are familiar with them. We also tend not to use a counsellor from a local area with clients from that area, as it is likely they will know them and this can impact on the counsellor/ client relationship.

3 Haven venues across North & South Lanarkshire (Blantyre, Wishaw, Forth (rural))

2. Addressing health inequalities

Making Maggie's accessible and inclusive is a constant focus for our centre team. We continue to raise awareness and reach more people in accordance with the Maggie's Five Year Plan 2023-2027.

We work in an area of inequalities so we try and help people to access our service in a way that suits them, including providing home visits if they can't come to us and help providing access to free bus passes and taxi cards.

Our learning and development framework is under constant revision to ensure we are helping staff adapt support to address themes such as the experience of people from the LGBTQ+ community when approaching death, the impact of cancer for people with learning disabilities or people on the neurodivergent spectrum.

Psychological screening is offered to all young people aged 16-25 at the time of diagnosis and at key stages in their pathway (e.g. relapse, end-of-life care). Use of preferred pronouns, patient-centred booking and communication preferences, choice of format of appointment (F:F, telephone, near me), access to interpreting services, trauma-informed interventions, inclusion of family where indicated by YP.

The service is available in-person, over the telephone and online making it accessible to most. We will shorten or lengthen sessions depending on people's energy levels and health. We allow people to bring their dogs if they have no one to look after them. We will offer extensions to sessions if a person circumstances change during counselling such as a change in prognosis, a death and/or change in treatment. We provide a free car park for accessibility.

Access to language/bsl interpreting, patient focused booking, patient centred letters including checking preferred names/pronouns, using language reflecting social models of disability offering different formats e.g. telephone/vc/ftf signposting to financial supports - particularly where impacting on mental health or barriers to attendance, we offer trauma informed care, consider

health literacy when providing materials, supporting team to undertake training in any edi related topics.

3. Mitigating challenges with communication

We offer translation services.

We overcome challenges when English is not a person's first language (including BSL) by working in collaboration with our NHS colleagues to find solutions and cover the costs of interpreting services.

Translation services accessed.

SLT input to support people with communication issues.

Some staff have additional training in translation.

Work with local inclusion service to support people from other cultures.

Language barriers - our service/NHS can provide interpreter support.

We are happy to work with interpreters but we also have volunteers that are bilingual, we have a loop system for those hard of hearing.

Polish Speaking Sessional Counsellor Contracted

Other language translation services available to us via NHS, although rarely requested/used.

Sensory Impairment translation services available locally, although rarely requested/used.

Links to wider accessibility support in community (organisations and digital support) - e.g. transport, translation services, Recite Me Accessibility Tool on Website

4. Other barriers identified

Main barrier is distance involved, our patch reaches across a vast area and is sparsely populated, so any group support is not easy to facilitate.

Clinical psychology service is very busy - high demand for only 2 psychologists.

My service is only for those aged 16-26. Promote my service to my colleagues. Barriers include colleagues understanding the need for age appropriate care.

There is no dedicated psychology service to cancer and currently a long wait for input. This is likely a barrier to medical services referring to our service for input, especially to support diagnosis and treatment input.

Barrier is inpatient work due to lack of dedicated oncology psychology resource. Appointments can only therefore be outpatient but we can offer telephone or attend anywhere in addition to F2F. Our services are very limited. Our staff have had very limited training and therefore skills are limited.

Barriers are not enough footfall into local libraries where we are sited and too many people are not aware of us and what we can offer.

We offer a service to the people who live within the Marie Curie catchment area. We can only offer outside this when we have capacity or through a specific request.

We have no dedicated psychology funding in oncology. We only see patients with cancer in our generic medical service, alongside all other long term health conditions. Staff do not have specialist cancer experience/training. We do not offer palliative care.

Even when we have our full staffing complement we are under-resourced to meet the increasing levels of need. Our urgent inpatient referrals have increased by 75% in the last 3 years. We would also benefit from more levels of striation within our service e.g. staff offering level 3 skills.

Any oncology referrals are currently managed via the General Medicine service within Clinical Health Psychology Service. No dedicated oncology psychology resource. Resource listed in previous question is therefore general medicine psychologists who can see oncology patients but do not only see oncology patients (the resource listed therefore may look high, but it would be hard to quantify what proportion of each person's job plan is for oncology patients).

We would like to highlight our work more, however we are only a very small team.

We are reliant on volunteers and student counselling placements to provide level 3 psychological support. Current service provision is restricted by lack of resources.

Appendix I

Table 1: Supervision Activity and Probable Function (determined by the project team)

Service	Supervision Activity	Probable functions (restorative, normative, formative)
Grampian/Tayside Psychology	With CP	restorative, normative, formative
Lothian Psycho-Oncology	With psychologist/peer supervision/reflective practice with colleagues/ACT and CFT Supervision Groups	restorative, normative, formative
CanDu	Peer supervision and reflective practice with colleagues	Primarily restorative
NHS Nursing	Peer supervision and reflective practice with colleagues	Primarily restorative
WICCI	Peer supervision	Primarily restorative
Tayside ICJ	Peer with Macmillan nurse consultant	Primarily restorative ?
Macmillan Cancer Information and Support Centre NHS D&G	With a psychologist	restorative, normative, formative
Oncology Department NHS D&G	Reflective practice – with colleagues	Primarily restorative
Borders Macmillan Centre	With a counsellor, peer supervision, reflective practice – with colleagues	restorative, normative, formative
Lothian Improving the Cancer Journey	Reflective practice – with colleagues and in group Other: Psychological First Aid via HSCP colleague with a palliative care background	Primarily restorative
Fife Improving Cancer Journey	With a counsellor, peer supervision, reflective practice – with colleagues	restorative, normative, formative
Patient and Family support service NHS Lothian	With a counsellor, peer supervision, reflective practice – with colleagues and in group	restorative, normative, formative
St Columba's Hospice Care (Family Support Team) Lothian	With a counsellor, reflective practice – in group Other: With CBT Supervisor for CBT therapist	restorative, normative, formative
Westerhaven Cancer support centre (The Health Agency) Lothian	Peer supervision	Primarily restorative
Edinburgh Cancer Centre	With a counsellor, peer supervision, reflective practice – with colleagues	Primarily restorative

	Values Based Reflective Practice (often offered via chaplaincy)	
Acute Oncology and Haematology OT Lothian	Reflective practice – with colleagues	Primarily restorative
CSS	With a counsellor. RP w/colleagues	Primarily restorative
BMT AHP	Peer; RP – w/colleagues; Informal disc w/CP	Primarily restorative
BMT Psychology QEUH	w/psychologist peer or senior grade	restorative, normative, formative
Beatson Psychology (WoSCC)	w/psychologist	restorative, normative, formative
BCC	With a psychologist Peer supervision Reflective practice – with colleagues Reflective practice – in group Other - External ACT based supervision provided by Dr Ray Owen	restorative, normative, formative
Plastics	With a psychologist Reflective practice – in group	restorative, normative, formative
ICJ Lanarkshire	Peer supervision Reflective practice – with colleagues Reflective practice – in group Values Based Reflective Practice (often offered via chaplaincy)	Primarily restorative
Macmillan One to One NHS FV	With a psychologist Peer supervision Reflective practice – with colleagues	restorative, normative, formative
ACS	With a psychologist With a counsellor Peer supervision Reflective practice – with colleagues Reflective practice – in group Other - Director of Care Services (HCPC Registered)	restorative, normative, formative
The Haven Lanarkshire	With a counsellor Reflective practice – with colleagues Reflective practice – in group	Primarily restorative
BCC Well-being Service	Peer supervision Reflective practice – with colleagues Reflective practice – in group	Primarily restorative
Macm Ca SS Lanarkshire	Unregistered staff so not required No access to senior staff for this Financial restrictions	
Clinical Health Psychology: Oncology, Forth Valley	With a psychologist	restorative, normative, formative

Macm Glasgow Libraries	Unregistered staff so not required	
ICJ WD, ED, R, ER, IC	We've been able to access it in some areas and not in others. It's ad-hoc in nature and down to the goodwill/diary availability of the clinical colleague.	
ICJ Glasgow	Peer supervision Reflective practice – with colleagues Reflective practice – in group	Primarily restorative
OT within hospice setting	Values Based Reflective Practice (often offered via chaplaincy)	Primarily restorative
ICJ Macmillan Benefits Glasgow	Unregistered staff so not required Regular 1:1's with staff	
ICJ Glasgow	Working with Macmillan to sort this	
Radiotherapy BOC	With a psychologist Peer supervision Reflective practice – with colleagues	restorative, normative, formative
Marie Curie Hospice Glasgow	With a counsellor Mindfulness based resilience supervision by Marie Curie staff	restorative, normative, formative
Strathcarron Hospice FV	Peer supervision	Primarily restorative
CNS Service NHS A&A	With a psychologist	restorative, normative, formative
Macmillan One to One Team NHS FV	With a psychologist Peer supervision Reflective practice – with colleagues VBRP (often offered via chaplaincy)	restorative, normative, formative
Clinical Health Psychology & ACCEPT Service, NHS Lanarkshire	With a psychologist Peer supervision	restorative, normative, formative
Beatson (WoSCC) Occupational therapy and physiotherapy	Clinical supervision Peer supervision RP with colleagues	Primarily restorative
Maggie's (all centres)	Level 1&2 (including all Cancer Support Specialists currently doing the Abertay PG Cert Psychological therapies in Oncology) <ul style="list-style-type: none"> • Weekly 90 minutes group supervision for all centre staff using level 1-2 skills with the centre psychologist - combines formative, normative and restorative. • Additional, one hour clinical focused supervision for level 2&3 practitioners in the team. Primarily formative and normative. • Monthly CALM supervision (one hour), online across network. • Centre psychologist provides ad hoc level 1&2 supervision as required during the 	restorative, normative, formative

	course of a day as they are based with their team.	
Maggie's (all centres)	<p>Level 3 Bespoke arrangement with Centre Psychologist depending on the supervision requirements of the level 3 qualification, or external supervision is arranged.</p> <p>Mindfulness supervision (monthly 90mins) provided by internal accredited supervisor for Mindfulness Teachers teaching eight week courses.</p> <p>All psychologists participate in monthly three hour group (n=8) supervision facilitated by the Lead Psychologist, and individual supervision as required, normally monthly, with Lead Psychologist. External supervision is arranged for interventions such as EMDR, CAT and psychodynamic approaches.</p> <p>Lead Psychologist receives supervision from Dr Ray Owen (Peer reviewed ACT supervisor) and Matthew Rice, Systems Leadership Consultant at the Kings Fund.</p>	restorative, normative, formative

Key:

Primarily level 1/2	Primarily level 3/4
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Appendix J

Table 2: Reasons why people do not receive supervision

Reasons why people do not receive supervision	
NHS Nursing	No time in job plan
NHS Nursing	No access to senior staff
NHS Nursing	Financial restrictions
NHS Nursing	No access to supervision
ICJ	Was offered, did not want clinical supervision
Friends of ANCHOR	No reason given in table
Macmillan Glasgow Libraries	Unregistered staff so not required
ICJ	We've been able to access it in some areas and not in others. It's ad-hoc in nature and down to the goodwill/diary availability of the clinical colleague.